

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012031

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 242 Primary Registration District No. 4364 Registrar's No. 23

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 5 1962

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ark. b. COUNTY Benton			
b. CITY (If outside corporate limits, give TOWNSHIP only) Stella				Length of stay in 1b 11 days		c. CITY OR TOWN Sulphur Springs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Sulphur Springs	
3. NAME OF DECEASED (Type or print) First IDA Middle MARIE Last GLEERUP				4. DATE OF DEATH Month 3 Day 31 Year 62			
5. SEX Female		6. COLOR OR RACE Cau		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-16-1884	
9. AGE (last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Denver, Colo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Reynolds				13b. MOTHER'S MAIDEN NAME Anna Fagerholm		14. NAME OF HUSBAND OR WIFE Louis Glerup	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. No		17. INFORMANT Address Louis Glerup Sulphur Springs, Ark.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage DUE TO (b) Convulsive State and DUE TO (c) Urinary Shutdown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFECT? YES <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 7:05 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Noel, Missouri	
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20i. CITY, TOWN, OR LOCATION Noel, Missouri		20j. COUNTY Gravette, Ark.	
21. I attended the deceased from March 21, 1962 to March 31, 1962 and last saw her alive on March 31, 1962 Death occurred at 7:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22. SIGNATURE (Degree or title) Noel, Missouri			
22a. SIGNATURE Noel, Missouri		22b. ADDRESS Noel, Missouri		22c. DATE SIGNED 4/4/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-4-62		23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		23d. LOCATION (City, town, or county) Gravette, Ark.	
24. FUNERAL DIRECTOR Pete Pyeate		24b. ADDRESS Siloam Springs, Ark.		25. DATE RECD. BY LOCAL REG. 4-4-62		26. REGISTRAR'S SIGNATURE Mildred Moberly	

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J.P. Pyette

Licensed Embalmer No. 1145

P. O. Address Box 89

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.